

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

FRIENDS OF MARTIN BABINEC

ADDRESS (number and street)
▼

PO BOX 892

Check if different
than previously
reported. (ACC)

LITTLE FALLS

NY

13365

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00612358

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NY

22

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
06 / 28 / 2016in the
State of

NY

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2016

through

M M / D D / Y Y Y Y
06 / 08 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DAVID READ

Signature of Treasurer

DAVID READ

[Electronically Filed]

Date

M M / D D / Y Y Y Y
06 / 16 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

FRIENDS OF MARTIN BABINEC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1930.73	1930.73
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1930.73	1930.73
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	621065.61	621065.61
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	621065.61	621065.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	380865.12	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1000000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 21

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

FRIENDS OF MARTIN BABINEC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	6

I. RECEIPTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

1250.00

1250.00

(ii) Unitemized

680.73

680.73

(iii) TOTAL of contributions
from individuals

1930.73

1930.73

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

1930.73

1930.73

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

1000000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

1000000.00

14. OFFSETS TO OPERATING
EXPENDITURES

(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

0.00

16. **TOTAL RECEIPTS** (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4).....

1930.73

1001930.73

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 21

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	621065.61	621065.61
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	621065.61	621065.61

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1000000.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1930.73
25. SUBTOTAL (add Line 23 and Line 24).....	1001930.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	621065.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	380865.12

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 21

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF MARTIN BABINEC

Full Name (Last, First, Middle Initial)

MICHAEL GEER**A.**

Mailing Address 385 DEGRAW STREET

City

BROOKLYN

State

NY

Zip Code

11231

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYMOS LLC

Occupation

MEMBER/PARTNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2016

Transaction ID : SA11AI.4178

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARK ZITTER**B.**

Mailing Address 600 CARLSTON AVENUE

City

OAKLAND

State

CA

Zip Code

94610

FEC ID number of contributing
federal political committee.

C

Name of Employer

ZITTER GROUP

Occupation

PRES./CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		10		2016

Transaction ID : SA11AI.4200

Amount of Each Receipt this Period

1000.00

☐ Memo Item
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

1250.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF MARTIN BABINEC

Full Name (Last, First, Middle Initial)

A. AMTRUST - C/O DAY, SCARAFIL & READ

Mailing Address PO BOX 448

City	State	Zip Code
ILION	NY	13357

Purpose of Disbursement
INSURANCE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

Amount of Each Disbursement this Period

1468.00

☐ Memo Item

Transaction ID : SB17.4107

B. MARTIN BABINEC

Mailing Address PO BOX 892

City	State	Zip Code
LITTLE FALLS	NY	13365

Purpose of Disbursement
REIMBURSEMENT - SURVEY RESEARCH

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: NY District: 22

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

Amount of Each Disbursement this Period

24050.00

☐ Memo Item

Transaction ID : SB17.4193

C. JOHN ZOGBY STRATEGIESMailing Address 340 AVIATION ROAD
#2

City	State	Zip Code
QUEENSBURY	NY	12804

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

Amount of Each Disbursement this Period

24050.00

☒ Memo Item

Transaction ID : SB17.4193.0

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

25518.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF MARTIN BABINEC

Full Name (Last, First, Middle Initial)

A. JAMES BAKER

Mailing Address 18 COLLEGE ST.

City	State	Zip Code
CLINTON	NY	13323

Purpose of Disbursement
RENT

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
04 / 01 / 2016

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Transaction ID : SB17.4131

B. JAMES BAKER

Mailing Address 18 COLLEGE ST.

City	State	Zip Code
CLINTON	NY	13323

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
06 / 01 / 2016

Amount of Each Disbursement this Period

2337.05

☐ Memo Item

Transaction ID : SB17.4195

C. BRUSH FIRE RESEARCH

Mailing Address PO BOX 2074

City	State	Zip Code
WILTON	NY	12831

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
04 / 05 / 2016

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Transaction ID : SB17.4114

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

12937.05

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF MARTIN BABINEC

Full Name (Last, First, Middle Initial)

A. BRUSH FIRE RESEARCH

Mailing Address PO BOX 2074

City	State	Zip Code
WILTON	NY	12831

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2016

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Transaction ID : SB17.4174

B. BRUSH FIRE RESEARCH

Mailing Address PO BOX 2074

City	State	Zip Code
WILTON	NY	12831

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Transaction ID : SB17.4173

C. BRUSH FIRE RESEARCH

Mailing Address PO BOX 2074

City	State	Zip Code
WILTON	NY	12831

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

Amount of Each Disbursement this Period

323.63

☐ Memo Item

Transaction ID : SB17.4176

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

20323.63

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF MARTIN BABINEC

Full Name (Last, First, Middle Initial)

A. BRUSH FIRE RESEARCH

Mailing Address PO BOX 2074

City
WILTONState
NYZip Code
12831Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Transaction ID : SB17.4175

B. GEORGE BUNK

Mailing Address PO BOX 892

City
LITTLE FALLSState
NYZip Code
13365Purpose of Disbursement
RENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Transaction ID : SB17.4125

C. DELTA AIRLINES

Mailing Address PO BOX 20706

City
ATLANTAState
GAZip Code
30320Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

Amount of Each Disbursement this Period

511.10

☐ Memo Item

Transaction ID : SB17.4116

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12011.10

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF MARTIN BABINEC

Full Name (Last, First, Middle Initial)

A. LINA DINH

Mailing Address 18 COLLEGE ST.

City	State	Zip Code
CLINTON	NY	13323

Purpose of Disbursement
RENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Transaction ID : SB17.4141

B. DOT GENERATION OF CT

Mailing Address 16 DYKE LANE

City	State	Zip Code
STAMFORD	CT	06902

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2016

Amount of Each Disbursement this Period

689.56

☐ Memo Item

Transaction ID : SB17.4119

C. JOSHUA EHRLICH

Mailing Address PO BOX 7273

City	State	Zip Code
ALBANY	NY	12224

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2016

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Transaction ID : SB17.4137

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6689.56

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF MARTIN BABINEC

Full Name (Last, First, Middle Initial)

A. FACEBOOK

Mailing Address 1 HACKER WAY

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

Amount of Each Disbursement this Period

250.59

☐ Memo Item

Transaction ID : SB17.4213

B. FACEBOOK

Mailing Address 1 HACKER WAY

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2016

Amount of Each Disbursement this Period

500.44

☐ Memo Item

Transaction ID : SB17.4212

C. FACEBOOK

Mailing Address 1 HACKER WAY

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

Amount of Each Disbursement this Period

750.45

☐ Memo Item

Transaction ID : SB17.4211

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1501.48

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF MARTIN BABINEC

Full Name (Last, First, Middle Initial)

A. FACEBOOK

Mailing Address 1 HACKER WAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

City	State	Zip Code
MENLO PARK	CA	94025

Amount of Each Disbursement this Period

Purpose of Disbursement
WEB SERVICES

22070.88

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.4121

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

B. GET OUT THE VOTE

Mailing Address 174 W 4TH STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

City	State	Zip Code
NEW YORK	NY	10014

Amount of Each Disbursement this Period

Purpose of Disbursement
VOTER CONTACT SVCS/PETITION DRIVE

11010.00

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.4127

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

C. GET OUT THE VOTE

Mailing Address 174 W 4TH STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2016

City	State	Zip Code
NEW YORK	NY	10014

Amount of Each Disbursement this Period

Purpose of Disbursement
VOTER CONTACT SVCS/PETITION DRIVE

11010.00

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.4177

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

22070.88

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF MARTIN BABINEC

Full Name (Last, First, Middle Initial)

A. JOHN ZOGBY STRATEGIESMailing Address 340 AVIATION ROAD
#2

City QUEENSBURY State NY Zip Code 12804

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2016

Amount of Each Disbursement this Period

14000.00

☐ Memo Item

Transaction ID : SB17.4214

B. JOHN ZOGBY STRATEGIESMailing Address 340 AVIATION ROAD
#2

City QUEENSBURY State NY Zip Code 12804

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

Amount of Each Disbursement this Period

11900.00

☐ Memo Item

Transaction ID : SB17.4135

C. PAUL H. KISSELBRACK

Mailing Address 17 JUMEL PLACE

City SARATOGA SPRINGS State NY Zip Code 12866

Purpose of Disbursement
VOTER CONTACT SERVICES/PETITION DRIVE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

381.06

☐ Memo Item

Transaction ID : SB17.4168

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

26281.06

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF MARTIN BABINEC

Full Name (Last, First, Middle Initial)

A. MATTHEW MACDONALD

Mailing Address 10 FAXON ST.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

City	State	Zip Code
GLENS FALLS	NY	12801

Amount of Each Disbursement this Period

337.50

Purpose of Disbursement
VOTER CONTACT SERVICESCategory/
Type☐ Memo Item

Transaction ID : SB17.4143

Candidate Name

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

Full Name (Last, First, Middle Initial)

B. OVATION PAYROLL SERVICESMailing Address 777 WESTCHESTER AVENUE
STE. 101

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

City	State	Zip Code
WHITE PLAINS	NY	10604

Amount of Each Disbursement this Period

1032.15

Purpose of Disbursement
PAYROLL TAXESCategory/
Type☐ Memo Item

Transaction ID : SB17.4149

Candidate Name

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

Full Name (Last, First, Middle Initial)

C. PEACOCK MEDIA

Mailing Address 2 THE ORCHARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2016

City	State	Zip Code
FAYETTEVILLE	NY	13066

Amount of Each Disbursement this Period

4050.00

Purpose of Disbursement
WEB SERVICESCategory/
Type☐ Memo Item

Transaction ID : SB17.4215

Candidate Name

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5419.65

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF MARTIN BABINEC

Full Name (Last, First, Middle Initial)

A. PEACOCK MEDIA

Mailing Address 2 THE ORCHARD

City	State	Zip Code
FAYETTEVILLE	NY	13066

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 31 / 2016

Amount of Each Disbursement this Period

5038.00

☐ Memo Item

Transaction ID : SB17.4216

B. PEACOCK MEDIA

Mailing Address 2 THE ORCHARD

City	State	Zip Code
FAYETTEVILLE	NY	13066

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 07 / 2016

Amount of Each Disbursement this Period

5112.50

☐ Memo Item

Transaction ID : SB17.4150

C. SPECTRUM MARKETING COMPANYMailing Address 95 EDDY ROAD
SUITE 101

City	State	Zip Code
MANCHESTER	NH	03102

Purpose of Disbursement
PRINTING/SIGNAGE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 23 / 2016

Amount of Each Disbursement this Period

10829.02

☐ Memo Item

Transaction ID : SB17.4152

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

20979.02

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF MARTIN BABINEC

Full Name (Last, First, Middle Initial)

A. JOHN E. SWEENEY

Mailing Address 49 COLUMBIA ST.

City	State	Zip Code
ALBANY	NY	12210

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
05 / 31 / 2016

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Transaction ID : SB17.4133

B. SYRACUSE DESIGN

Mailing Address 235 HARRISON STREET

City	State	Zip Code
SYRACUSE	NY	13202

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
05 / 24 / 2016

Amount of Each Disbursement this Period

3709.17

☐ Memo Item

Transaction ID : SB17.4123

C. SYRACUSE DESIGN

Mailing Address 235 HARRISON STREET

City	State	Zip Code
SYRACUSE	NY	13202

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
05 / 31 / 2016

Amount of Each Disbursement this Period

78.14

☐ Memo Item

Transaction ID : SB17.4154

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

7787.31

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF MARTIN BABINEC

Full Name (Last, First, Middle Initial)

A. THE CASALE GROUP

Mailing Address 125 LAKE STREET

City	State	Zip Code
COOPERSTOWN	NY	13326

Purpose of Disbursement
MEDIA/MEDIA CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
04 / 05 / 2016

Amount of Each Disbursement this Period

20203.96

☐ Memo Item

Transaction ID : SB17.4156

B. THE CASALE GROUP

Mailing Address 125 LAKE STREET

City	State	Zip Code
COOPERSTOWN	NY	13326

Purpose of Disbursement
MEDIA/MEDIA CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
05 / 04 / 2016

Amount of Each Disbursement this Period

45403.36

☐ Memo Item

Transaction ID : SB17.4169

C. THE CASALE GROUP

Mailing Address 125 LAKE STREET

City	State	Zip Code
COOPERSTOWN	NY	13326

Purpose of Disbursement
MEDIA/MEDIA CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
05 / 26 / 2016

Amount of Each Disbursement this Period

376770.00

☐ Memo Item

Transaction ID : SB17.4170

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

442377.32

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

FRIENDS OF MARTIN BABINEC

Full Name (Last, First, Middle Initial)

A. THE CASALE GROUP

Mailing Address 125 LAKE STREET

City	State	Zip Code
COOPERSTOWN	NY	13326

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 03 / 2016

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Transaction ID : SB17.4171

B. THE COMPLIANCE CONSULTING CO. OF VA LLC

Mailing Address PO BOX 365

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 02 / 2016

Amount of Each Disbursement this Period

2023.00

☐ Memo Item

Transaction ID : SB17.4158

C. THE COMPLIANCE CONSULTING CO. OF VA LLC

Mailing Address PO BOX 365

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 19 / 2016

Amount of Each Disbursement this Period

1750.00

☐ Memo Item

Transaction ID : SB17.4172

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

13773.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF MARTIN BABINEC

Full Name (Last, First, Middle Initial)

A. TLB MANAGEMENT

Mailing Address PO BOX 590

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

City	State	Zip Code
ACCORD	NY	12404

Amount of Each Disbursement this Period

719.00

Purpose of Disbursement
VOTER CONTACT SERVICES/PETITION DRIVECategory/
Type☐ Memo Item

Transaction ID : SB17.4160

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2016

City	State	Zip Code
CHICAGO	IL	60606

Amount of Each Disbursement this Period

377.60

Purpose of Disbursement
TRAVELCategory/
Type☐ Memo Item

Transaction ID : SB17.4192

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2016

City	State	Zip Code
CHICAGO	IL	60606

Amount of Each Disbursement this Period

508.60

Purpose of Disbursement
TRAVELCategory/
Type☐ Memo Item

Transaction ID : SB17.4162

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1605.20

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF MARTIN BABINEC

Full Name (Last, First, Middle Initial)

A. WINNING NOVEMBER STRATEGIES

Mailing Address 412 C KINGS PARK DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

City	State	Zip Code
LIVERPOOL	NY	13090

Amount of Each Disbursement this Period

447.50

Purpose of Disbursement
VOTER CONTACT SERVICES/PETITION DRIVECategory/
Type☐ Memo Item

Transaction ID : SB17.4166

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type☐ Memo Item

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type☐ Memo Item

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

447.50

619722.26

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 21 OF 21

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4105

FRIENDS OF MARTIN BABINEC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

MARTIN BABINEC

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 892

City

State

ZIP Code

LITTLE FALLS

NY

13365

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 25 / 2016

Date Due

M M / D D / Y Y Y Y
12/31/16

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1000000.00

TOTALS This Period (last page in this line only)..... ►

1000000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.